(a) to (c) Government have already recommended to State Governments that it should be made compulsory for all doctors joining government service to serve in rural areas for two years. The recommendation was circulated to all concerned and as per available information some State Governments have made it obligatory for doctors to serve in rural areas when they join service; some States have obtained bonds from medical students to serve in rural areas after graduation. There is no proposal to start a condensed course for doctors to serve in rural areas.

The posts in the rural hospitals and health centres are filled by the State Governments directly. According to the information available with the Government, vacancies of medical officers in the Primary Health Centres were about 14.3 per cent at the beginning of 1992.

Villages covered under village Health Guide Scheme

4426. SHRI SATYA PRAKASH MALAVIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of districts not yet covered by the Village Health Guide Scheme, State-wise;

(b) what is the criteria for selection of Village Health Guides and the remunerations being paid to them;

(c) whether any assessment has been made about the commensurable achievements of the scheme against the expenditure incurred since its inception; and

(d) if so, what are the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) The Village Health Guide (VHG) Scheme is being implemented in all States and Union Territories, except Arunachal Pradesh, Delhi, Goa, Daman and Diu, Jammu and Kashmir, Kerala and Tamil Nadu. The Central Government does not maintain district-wise records of V.H.Gs.

(b) The VHG is a voluntary worker selected by the village community. He/she should preferably be about 30 years of age. He/she must be literate and preferably have formal education upto Class VI. The VHG is paid an honorarium of Rs. 50/- per month.

(c) and (d) No study has been undertaken with a view to assessing the achievement of the scheme commensurate with the expenditure incurred on the scheme from the date of its inception. However, the last evaluation of the scheme was undertaken in 1984. The evaluation revealed that the scheme was largely accepted by the community and was found to be essentially sound.

Appointment of doctors

4427. SHRI BHUBANESWAR KALITA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the U.P.S.C. conducted a written test-*cum*-interview in 1991 for regularising those C.G.H.S. doctors who were appointed on monthly wage basis way back in 1985 and a list of 120 doctors so regularised was released in the same year by the Ministry;

(b) whether it is a fact that the Ministry also released a list of 215 doctors in 1992 which includes doctors appointed on ad-hoc basis in 1970s who never appeared in the U.P.S.C. examination and the list does not include the names of those doctors who qualified the U.P.S.C. test in 1991; and

(c) if so, what are the reasons therefor and the steps proposed to be taken to release the list of those who qualified in the U.P.S.C. test?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, U.P.S.C. conducted a written test-cum-interview in 1991 to regularise the services of those Medical Officers who had earlier been working on ad-hoc basis in various participating units of Central Health Service, including C.G.H.S. and

recommended 114 Medical Officers for regularisation.

(b) and (c) Yes, these 215 doctors are those doctors who had been working as Group 'B' Medical Officers and were regularised in Group 'A' in pursuance of the directions of the Supreme Court in the case of Dr. P.P.C. Rawani and others *Vs.* Union of India. This list does not include the names of 114 doctors referred to in reply to (a) above.

The orders of regularisation of 114 doctors have already been issued.

Purchase of equipments from foreign firms

4428. SHRI GHUFRAN AZAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the answer to Unstarred Question 2134 given in the Rajya Sabha on the 29th July, 1992 and state;

(a) the names of the equipments purchased from foreign firms and whether the procured equipments are for limited departments;

(b) if so, the reasons therefor and what are the reasons for ignoring other departments for providing the equipments; and

(c) the reasons for importing equipments to the tune of Rs. 80 lakhs during the year 1991-92 as compared to the previous years?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) A Statement showing the names of the equipments purchased during the last three years from foreign firms, through DGS&D, costing more than Rs. 1.00 lac, is attached. (*See* below). The equipments are procured on the specific requisition of the indenting departments, keeping in view their *inter-se* priority as assessed by the Screening Committee of the Hospital.

(c) The increase in expenditure on imported equipments during the year 1991-92 was mainly on account of procurement of two sophisticated and costly equipments needed for proper upgradation of the Department of Cardiology and also due to the devaluation of the Rupee.

Statement

Year	Name of Equipment
1989-90	Periflax PF-2-B-Las Ser Deppler patient Monitor with Accessories EEG Machine 16 Channel Homodylsis Machine Baby Care Transport incubator Star Pro File 3 Analyser (Blood Gas Analyser)
1990-91	Intensefier Screen Baby Log IHF with Baby Lod Monitor Drager Work AG Ventilator Gestro Intestinal Febroscope
1991-92	Computerised Tred Mill Equipment Senus-100 High Resolution Imaging System Chemistry Analyser Infant ventilator Ciba Corny Blood Analyser Defibrillator Minetor Operation (Life Pack)